

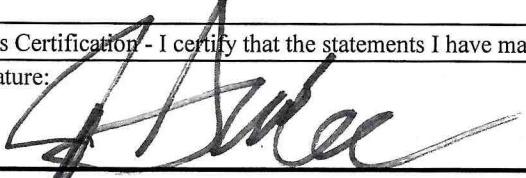
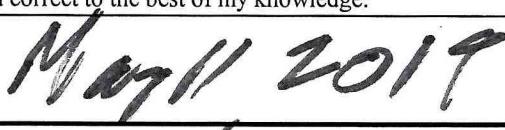
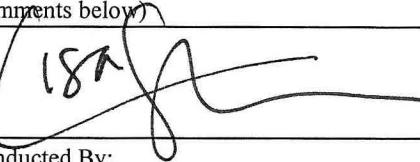
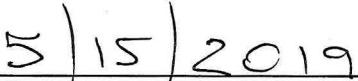
Report Type:	Candidate
Year (Annual Report only):	
Date of Appointment/Termination:	

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UNITED STATES OFFICE OF
GOVERNMENT ETHICS
Preventing Conflicts of Interest
in the Executive Branch

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Inslee	Jay	R	Candidate for President	
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge: Signature:  Date: 				
Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below) Signature:  Date: 				
Other Review Conducted By: Signature:  Date: 				
U.S. Office of Government Ethics Certification (if required): Signature: _____ Date: _____				
Comments of Reviewing Officials:				

Reviewed for Apparent Compliance
with the Federal Election Campaign Act

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	1

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	State of Washington	Olympia, WA	Governmental	Governor	01/2013	Present
2.	National Governors Association	Washington, DC	Association	Vice Chair of the Education and Workforce Committee	01/2019	Present
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	2

Part 2: Filer's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	State of Washington	N/A		Salary	\$221,905.68
2.	Washington State Public Employees' Retirement System, defined benefit plan, (value not readily ascertainable): eligible for \$1,942.00/mo. at retirement.	N/A		None (or less than \$201)	
3.	IRA #1	No			None (or less than \$201)
4.	4.1 U.S. Bank Account (Cash)	N/A	\$1,001 - \$15,000		None (or less than \$201)
5.	4.2 Alaska Air Group Incorporated (ALK)	N/A	\$1,001 - \$15,000		None (or less than \$201)
6.	4.3 Amazon.com, INC (AMZN)	N/A	\$15,001 - \$50,000		None (or less than \$201)
7.	4.4 Boeing Co (BA)	N/A	\$15,001 - \$50,000		None (or less than \$201)
8.	4.5 Costco Wholesale Corp New (COST)	N/A	\$1,001 - \$15,000		None (or less than \$201)
9.	4.6 Docusign INC (DOCU)	N/A	\$15,001 - \$50,000		None (or less than \$201)
10.	4.7 Expeditors Intl. Wash INC (EXPD)	N/A	\$1,001 - \$15,000		None (or less than \$201)
11.	4.8 Expedia Group INC (EXPE)	N/A	\$1,001 - \$15,000		None (or less than \$201)
12.	4.9 Microsoft Corp (MSFT)	N/A	\$15,001 - \$50,000		None (or less than \$201)
13.	4.10 Starbucks Corp (SBUX)	N/A	\$15,001 - \$50,000		None (or less than \$201)
14.	4.11 T-Mobile US Inc Com (TMUS)	N/A	\$1,001 - \$15,000		None (or less than \$201)
15.	4.12 I Shares Tips Bond ETF (TIP)	Yes	\$100,001 - \$250,000		None (or less than \$201)
16.	"Apollo's Fire: Igniting America's Clean Energy Economy," Island Press. (Value not readily ascertainable).	N/A			None (or less than \$201)
17.	"Elvis and the Elves: The Mystery of the Melting Snow," Self published. (Value not readily ascertainable).	N/A			None (or less than \$201)
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	3

Part 3: Filer's Employment Agreements and Arrangements

#	Employer or Party	City/State	Status and Terms	Date
1.	Washington State Public Employees' Retirement System	Olympia, WA	I will continue to participate in the Washington State Public Employees' Retirement System defined benefit plan.	01/2013
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Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	4

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	N/A		
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	5

Part 5: Spouse's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	IRA #1	No			
2.	1.1 U.S. Bank Account (Cash)	N/A	\$1,001 - \$15,000		None (or less than \$201)
3.	1.2 Costco Wholesale Corp New (COST)	N/A	\$1,001 - \$15,000		None (or less than \$201)
4.	1.3 Starbucks Corp (SBUX)	N/A	\$1,001 - \$15,000		None (or less than \$201)
5.	1.4 Zumiez Inc. (ZUMZ)	N/A	\$1,001 - \$15,000		None (or less than \$201)
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	6

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	U.S. Bank Account (Cash)	N/A	\$100,001 - \$250,000	Interest	\$201 - \$1,000
2.	Brokerage Account	No			
3.	2.1 U.S. Brokerage Account (Cash)	N/A	\$50,001 - \$100,000		None (or less than \$201)
4.	2.2 Zumiez Inc. (ZUMZ)	N/A	\$1,001 - \$15,000		None (or less than \$201)
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number
Jay Inslee				7
Part 7: Transactions				
#	Description	Type	Date	Amount
1.	N/A			
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	8

Part 8: Liabilities

#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None.					
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Jay Inslee	9

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
1.	N/A			
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